



**Provider Health & Safety Alert
Middle East Respiratory Syndrome (MERS-CoV)
May 5, 2014**

With the **first confirmed case of a patient infected with Middle East Respiratory Syndrome (MERS-CoV) in the United States**, it is important to **re-emphasize the need for increased surveillance among the patients we see**. MERS is a viral infection that is caused by a coronavirus called MERS-CoV. Most people who have been confirmed to have MERS-CoV infection developed severe acute respiratory illness. They had fever, cough, and shortness of breath. About half of these people died. The first known cases of MERS-CoV occurred in Jordan in April 2012.

All reported cases to date have been linked to six countries in the Arabian Peninsula: Saudi Arabia, Qatar, Jordan, the United Arab Emirates (UAE), Oman, and Kuwait. Cases in the United Kingdom, France, Italy, Greece, Tunisia, Egypt, and Malaysia have also been reported in persons who traveled from the Arabian Peninsula. In addition, there have been a small number of cases in persons who were in close contact with those infected travelers.

Since mid-March 2014, there has been an increase in cases reported from Saudi Arabia and UAE. Public health investigations are ongoing to determine the reason for the increased cases. There is no vaccine yet available and no specific treatment recommended for the virus. In some cases, the virus has spread from infected people to others through close contact. However, there is currently no evidence of sustained spread of MERS-CoV in community settings.

Persons at highest risk of developing infection are those with close contact to a case, defined as any person who provided care for a patient, including a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended personal protective equipment), or had similarly close physical contact; or any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.

Twenty-three (18%) of the cases have occurred in persons who were identified as health-care workers. Although most reported cases involved severe respiratory illness requiring hospitalization, at least 27 (21%) involved mild or no symptoms.

This respiratory syndrome has potential significance for our interaction with patients. With ongoing entertainment activities at the Circuit of the Americas (COTA) racing facility and other venues coupled with religious pilgrimage travel

to Saudi Arabia, providers may have contact with patients who present with onset of fever with cough or shortness of breath that began during their trip or within 14 days of returning to the United States.

Fortunately, even with the emergence of this new threat, the current isolation precautions outlined in the System COGs are effective in providing protection to patients, providers, and the community. **These Precautions offer practical and effective measures for isolating the disease organism whatever it is.** Given that many illnesses present with the same signs and symptoms, it is important to continue to follow our infectious disease plan even when the underlying disease organism is unknown. Should there be an occasion for changes in the precautions; prompt notification will be distributed to system providers.

Providers are encouraged to review and be confident in the System Clinical Procedures and Disease Precautions, specifically:

[CP 60 - Standard Precautions](#)
[CP 56 - Respiratory Precautions](#)
[CP 16 - Contact Precautions](#)

CDC's infection control guidance is for the initiation of standard, contact, and airborne precautions for management of patients with known or suspected MERS-CoV infection.

Furthermore, Providers should consider the following steps on all patient interactions:

- Maintain a heightened awareness to the potential for interface with patients with this new organism.
- Obtain a thorough travel history that covers the past month. With specific attention to those who have travelled in or near the Arabian Peninsula.
- Place a **surgical mask** on the patient
- Providers should utilize A **Fitted N95 Respirator**
- Ensure the patient is “wrapped” prior to being moved to minimize environmental contamination.
- Confirm the hospital or other receiving facilities have been notified of the possibility of an infectious disease.
- Perform thorough cleaning of all equipment that had contact with the patient or the environmental surfaces of the patient’s room.
- Understand the need for diligence in hand hygiene.
- Should you suspect that a patient may have MERS, notify the Infection Preventionist so the Austin / Travis County Health Department can be notified and undertake the necessary surveillance as soon as possible.

It is vital that any control measures used are implemented quickly and sustained in order to prevent additional transmission. For additional guidance on implementing control measures and to report unusual incidents occurring during any of your agency’s responses, contact the System Infection Preventionist.

For further information regarding MERS-CoV, I refer you to the CDC websites below.

<http://www.cdc.gov/coronavirus/mers/index.html>

<http://www.cdc.gov/coronavirus/mers/interim-guidance.html>

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